

Bayfield County
Planning and Zoning Department
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY, WISCONSIN

132015

Permit #:	15-0803
Date:	6-28-15
Amount Paid:	
Refund:	

DATE RECEIVED
FEB 13 2015
Bayfield Co. Zoning Dept.
TO APPLICANT.

Permit #:	15-0903
Date:	6-28-15
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

Value at Time of Completion * Include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>NA</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: _____ <input type="checkbox"/> Sanitary (Exists) Specify Type: _____ <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input type="checkbox"/> Well <input type="checkbox"/> _____
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2		<input type="checkbox"/> Well <input type="checkbox"/> _____
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3		<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bids)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____		<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement <input type="checkbox"/> Foundation		<input type="checkbox"/> None		<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____				<input type="checkbox"/> _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
Commercial Use		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
Rec'd for Issuance	<input type="checkbox"/>			
JUN 23 2015	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input checked="" type="checkbox"/>	Conditional Use: (explain) <u>Animal Boarding Facility</u>	(X)	
		Other: (explain) _____	(X)	
Secretarial Staff	<input type="checkbox"/>			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

Owner(s): Mr. Roden Cont. Administer

Date 2/18/15

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____

Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application.

Address to send permit _____

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- North (N) on Plot Plan
- Show / Indicate:
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (*) Wetlands; or (*) Slopes over 20%
- (*) Show any (*):
- (*) Show any (*):
- (*) Show any (*):

See Map of Subject Parcel

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point) USE Permit No Structure Presently

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	<u>N/A</u> Feet	Setback from the Lake (ordinary high water mark)	<u>N/A</u> Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

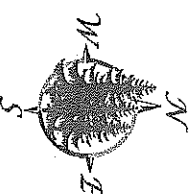
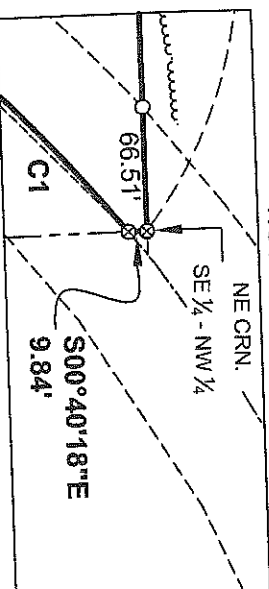
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

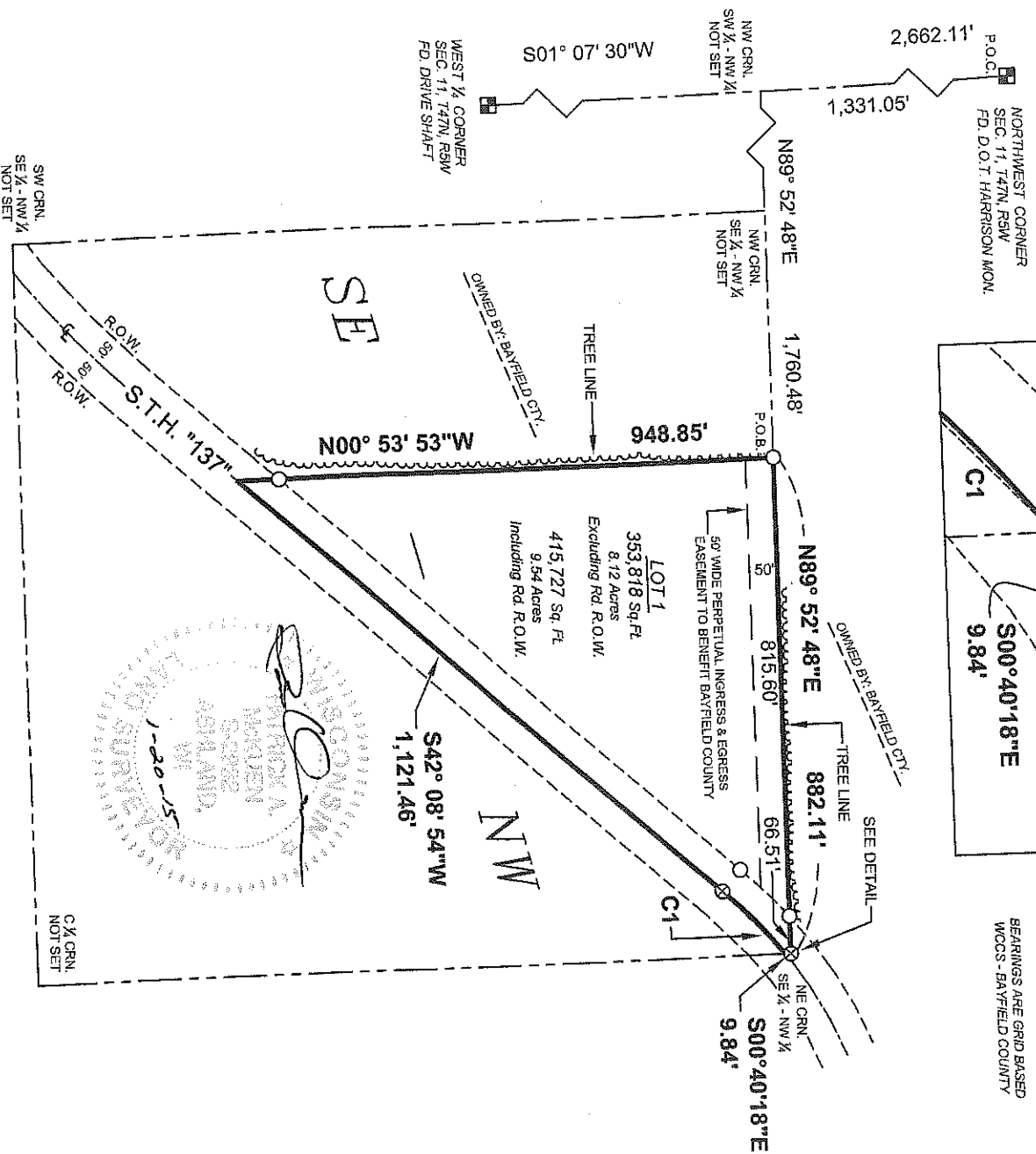
Issuance Information (County Use Only)		Sanitary Number: <u>-</u>	# of bedrooms: <u>-</u>	Sanitary Date: <u>-</u>
Permit Denied (Date): <u>-</u>	Reason for Denial: <u>-</u>			
Permit #: <u>-15-0003</u>	Permit Date: <u>10-23-15</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <u>N/A</u>	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <u>N/A</u>	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <u>USE Request only at this time. L.U. Application for Structure forthcoming</u>		Zoning District (<u>A2</u>) Lakes Classification (<u>-</u>)		
Date of Inspection:		Inspected by:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
<u>Per Conditions of Zoning Committee approval.</u>				
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>6/1/2015</u>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/> <u>Guarded</u>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

BAYFIELD COUNTY

CEL OF LAND LOCATED IN THE SE $\frac{1}{4}$ OF THE NW $\frac{1}{4}$, SECTION 36, TOWNSHIP 47 NORTH, RANGE 5 WEST, TOWN OF EILEEN, BAYFIELD COUNTY, WISCONSIN.



BEARINGS ARE GRID BASED
WCCS - BAYFIELD COUNTY



CURVE TABLE						
CURVE	CHORD BEARING	CHORD DISTANCE	ARC LENGTH	RADIUS	CENTRAL ANGLE	TANGENT BEARING
C1	S46°24.31'W	158.50'	158.74'	868.67'	10°52.53"	S42°08.54'W
						N53°01.47'E

LEGEND

- -SET 1 1/4" IRON PIPE
WEIGHING 1.68 LBS PER LIN. FOOT
- ⊗ -SET MAG. NAIL



Pine Ridge Land Surveying, LLC.

Professional Land Surveying Services

Value & Quality in a Unisex Restaurant

293390 Woodland Rd.

Phone (715) 682-2969

Cell (c) 2025-2026

WWW.FINENIDGLO.COM

PROJECT NO. BAYCTYLAND15-11-47-5

SHEET 1 OF 2 SHEETS

**Bayfield County
Planning and Zoning Dept.
PO Box 58
Washburn, WI 54891
(715) 373-6138**

BAYFIELD COUNTY, WISCONSIN

MAR 3

MAR 30 2015

The figure consists of nine vertical panels, each containing an electron micrograph of a developing embryo at different stages:

- Panel 1:** Shows two distinct polar bodies.
- Panel 2:** Shows a single-cell zygote with a visible nucleus.
- Panel 3:** Shows a multi-cellular blastula stage.
- Panel 4:** Shows a more developed blastula or early gastrula stage.
- Panel 5:** Shows a stage where the embryo is beginning to fold.
- Panel 6:** Shows a stage with prominent internal structures, possibly the gut tube forming.
- Panel 7:** Shows a stage with a clear head region and segmented body.
- Panel 8:** Shows a stage with a well-defined head and tail.
- Panel 9:** Shows a late-stage embryo, likely just before hatching, with a very distinct head and tail.

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

Permit #: 15-0605
Date: 6-28-15
Amount Paid:
Refund:

TYPE OF PERMIT REQUESTED →										<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER			
Owner's Name:		Jeff + Jooy Kristen										Mailing Address: 22490		City/State/Zip: 54039		Telephone: 715 763-3322			
Address of Property:		30995 us Hwy 2										City/State/Zip: Ashland WI 54806		Sunset Acres Lane		Grano View WI		Cell Phone:	
Contractor:												Contractor Phone:		Plumber:		Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))												Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-020-2-47-05-01-1		CSM		Vol & Page		Lots No.		Block(s) No.		Recorded Document: (i.e. Property Ownership) Volume 1067		Page(s) 501			
1/4, _____ 1/4		Gov't Lot 4												Subdivision:		Lot Size			
Section 1, Township 47 N, Range 5 W		Town of:		Killeen										Acres		9			

<input type="checkbox"/> Non-Shoreland					
Shoreland →	Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet			

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>AT</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
					<input checked="" type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> <u>Happy Farm</u>	<input type="checkbox"/> <u>1000</u>			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>			
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/>	Special Use: (explain) <u>Hobby Farm</u>	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	
	<input type="checkbox"/>			

(I/we declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. (I/we acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. (I/we) further accept liability which may be a result of Bayfield County relying on this information.) (I/we am (are) providing or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John W. & Jane M. Johnson

Date 3/27/15

Rec'd for Insurance

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit **22490 Sunset Acres Lane, W-54837**

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Attach

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

SEE ATTACHED MAP / SITE PLAN

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

KENNEBEC (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

03-03-2009 Notice: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

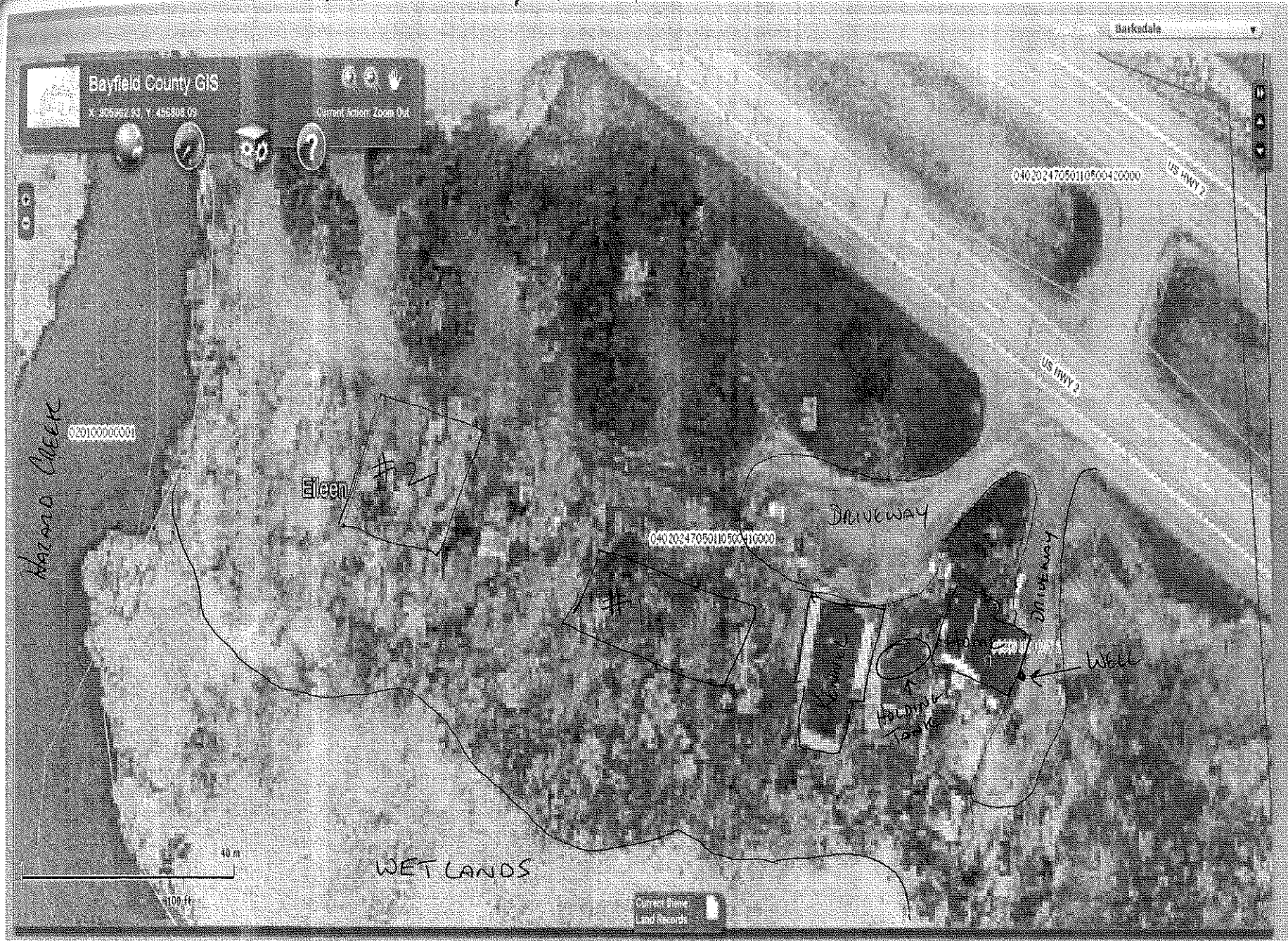
Handwritten 02-26-34 Notice: Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 09-1685	# of bedrooms: 5	Sanitary Date: 12-2-2009		
Permit Denied (Date):		Reason for Denial: Fee = 157-09				
Permit #: 15-0005	Permit Date: 10-25-15					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record: Several inspections. WONE LAUNDRY PRESENT TO MARK BOTTOM OF LAKE + MARKED WETLANDS. COOP. IS NON-CONFORMING. SETBACK BUT EXISTING PRE-ZONING.		Zoning District (F-1)				
Date of Inspection: 4/15/18		Date of Re-Inspection: 13-1-11				
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
NO LIVESTOCK - INCLUDE THESES - SHAW BE LOCATED ON THE PROPERTY FOR ANY AMOUNT OF TIME. NO BUILDINGS OR FENCES ALLOWED IN FLOOD PLAIN W/6 County REVIEWED. EXISTING COOP						
Signature of Inspector:		Date of Approval: 12-2-2009				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

NO FILING OR FILING IN WETLANDS ALLOWED.

MAP / SKETCH of PROPERTY.



AREAS #1 + #2 ARE POSSIBLE LOCATIONS
TO KEEP HORSE



3/27/2015

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY - WISCONSIN
Date Stamp (Received)
APR 7 10 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-0807
Date: 6-05-15
Amount Paid: \$250
Refund: (50 \$/hr = separate application)

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input checked="" type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:			City/State/Zip:		Telephone:	
Patrick McKuen - 29390 Woodland Rd.		29390 Woodland Rd.			Ashland, WI 54806		715.682.2969	
Address of Property:		City/State/Zip:			Ashland, WI 54806		Cell Phone:	
29390 Woodland Rd.							715.292.5601	
Contractor:		Contractor Phone:			Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:			Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-020-2-47-05-26-3 04-000-12500		Recorded Document: (i.e. Property Ownership) Volume 986 Page(s) 513		
SE 1/4, SW 1/4		Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
Section 26, Township 47 N, Range 5 W								
Town of: Eiken		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water							
							<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>HT</u>	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story <u>Garage</u>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>HT</u>	<input type="checkbox"/>	
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>	
<input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> None	<input type="checkbox"/>							
<u>SEE P</u>													

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)			
<input type="checkbox"/> Residential Use	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)		(X)	
		with Loft		(X)	
		with a Porch		(X)	
		with (2 nd) Porch		(X)	
		with a Deck		(X)	
		with (2 nd) Deck		(X)	
		with Attached Garage		(X)	
		Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities		(X)	
		Mobile Home (manufactured date)		(X)	
		Addition/Alteration (specify)		(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Accessory Building (specify)		(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)		(X)	
Rec'd for Issuance	<input checked="" type="checkbox"/>	Special Use: (explain) <u>Business - Home Based</u>		(3 x 4)	12
	<input type="checkbox"/>	Conditional Use: (explain) <u>BUSINESS</u>		(X)	
JUN 25 2015	<input type="checkbox"/>	Other: (explain)		(X)	

Secretarial Staff
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
(The person who signs this application including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

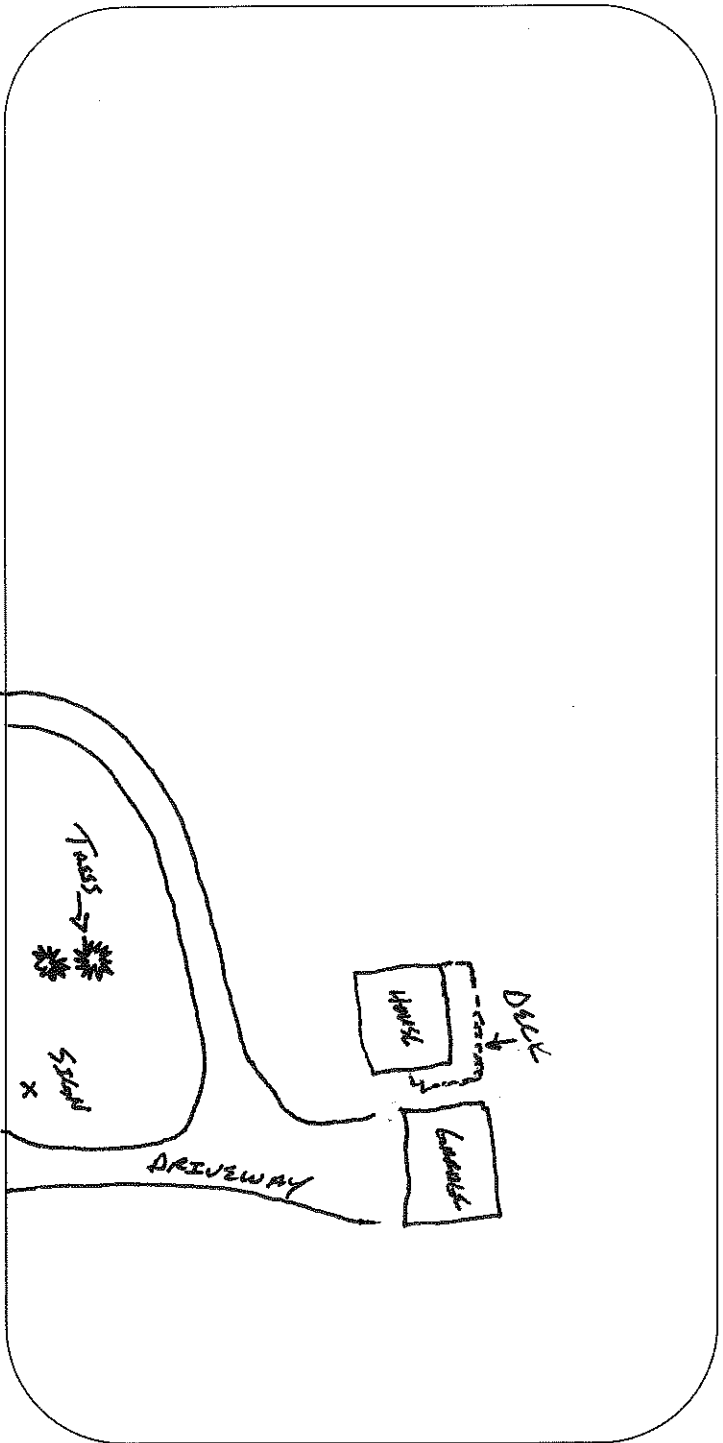
Owner(s): Julie McKuen Date 4-9-15
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s)) a letter of authorization must accompany this application)

Address to send permit _____
(If you recently purchased the property send your Recorded Deed)

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	37 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	4 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	430 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	37 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	384 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	83 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 15-0807		Permit Date: 6-25-15			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Case #: _____		Previously Granted by Variance (B.O.A.) Case #: _____			
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: ATF vsE					
Date of Inspection: 6-5-17-15		Inspected by: J. ROBERTA. J. Murphy		Zoning District: AC-1 Lakes Classification: N/A	
Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) Business shall be incidental to residential use, floor space shall not exceed 75%. The floor space of accessory structure, shall not employ more than (1) one non-resident employee.					
Signature of Inspector: _____					
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	
Date of Approval: 6-24-15					

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR SIGN
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

APR 10 2015

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	15-0000
Date:	6-26-15
Amount Paid:	\$50 4-10-15
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Property Owner(s) Name: <i>Patrick McKuen Julie McKuen</i>	Mailing Address: <i>29390 Woodland Rd.</i>	City/State/Zip: <i>Ashland, WI 54806</i>	Phone: <i>715-682-2969</i>
Sign Owner(s) Name: <i>PATRICK MCKUEN</i>	Mailing Address: <i>29390 Woodland Rd.</i>	City/State/Zip: <i>Ashland, WI 54806</i>	Phone: <i>715-682-2969</i>
Address of Property: <i>29390 Woodland Rd.</i>	City/State/Zip: <i>Ashland, WI 54806</i>		
Contractor:	Contractor Phone:	Address:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) <i>04-020-2-47-05-26-3 04-000-12500</i>	Recorded Document: (i.e. Property Ownership) Volume <i>986</i> Page(s) <i>513</i>
<i>SE 1/4, SW 1/4</i>	Gov't Lot	Lot(s)	CSM
			Vol & Page
			Lot(s) No.
			Block(s) No.
Section <i>26</i> , Township <i>47</i> N, Range <i>5</i> W		Town of: <i>Ellen</i>	Lot Size
			Acreage

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		

not at site of sign

Value at Time of Completion * include donated time & material	✓	Project (What are you applying for)	Type	Length	Width	Height	Located in Town of Bayfield
<i>\$250.00</i>	<input checked="" type="checkbox"/>	On-Premise	<input checked="" type="checkbox"/> New	<input type="checkbox"/> 1-Sided	<i>4'</i>	<i>3'</i>	<i>5'</i>
	<input type="checkbox"/>	Off-Premise	<input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> 2-Sided			
	<input type="checkbox"/>		<input type="checkbox"/> On-Building				<input checked="" type="checkbox"/> No
	<input type="checkbox"/>		<input type="checkbox"/> Multi-Tenant				

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): *Patrick McKuen Julie McKuen*
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date *4-8-15*

Applicant(s): _____
(If you are applying for an Off-premise sign; the property owners must also sign this form)

Date _____

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit

Rec'd for Issuance

JUN 26 2015

Secretarial Staff

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

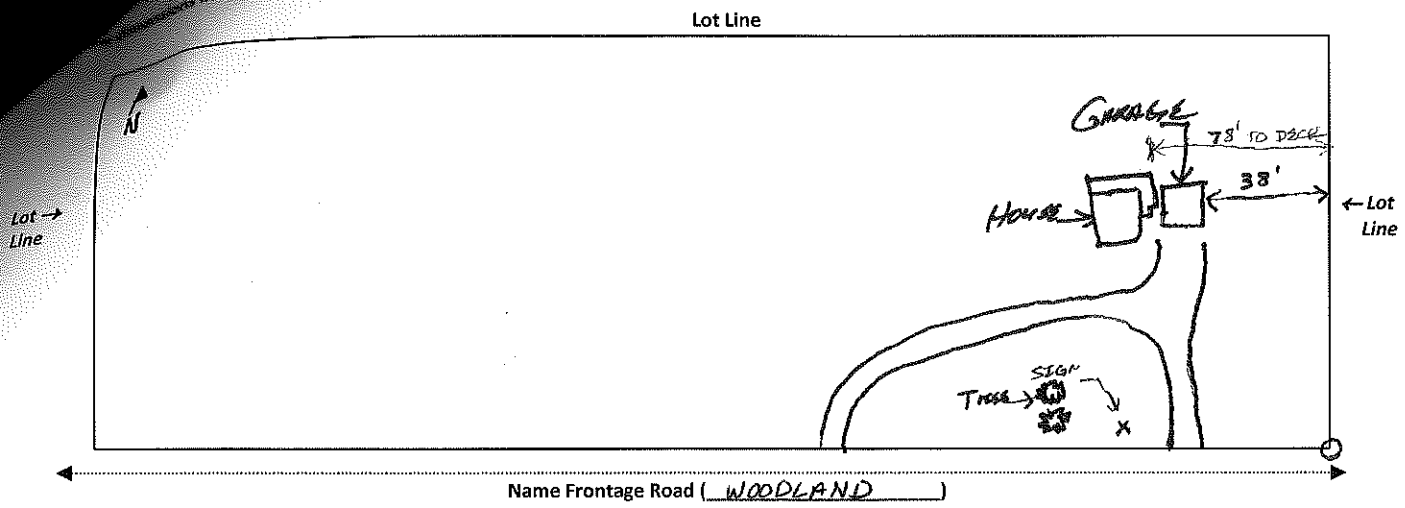
PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
The local Town, Village, City, State or Federal agencies may also require permits.

Use road as a guideline, and indicate North (N) on plot plan

IMPORTANT
Detailed Plot Plan is Necessary

in feet on the following:





Name Frontage Road (WOODLAND)

Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	37 Feet	Setback from the North Lot Line	430 Feet
Setback from the Established Right-of-Way	4 Feet	Setback from the South Lot Line	37 Feet
		Setback from the West Lot Line	384 Feet
Setback from Lake, River, Stream or Pond	- Feet	Setback from the East Lot Line	83 Feet
Setback from Other Sign(s)	- Feet		

Sign Plan
(Fill in Information Desired on Sign)


 Pine Ridge
Land Surveying
(715) 682-2969
Patrick A. McKuen, PLS
www.pineridgesurveying.com

Issuance Information (County Use Only)		Permit Number: <u>15-0000</u>	Permit Date: <u>6-26-15</u>
Permit Denied (Date):		Reason for Denial:	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: <u>X</u>		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: <u>X</u>	
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District <u>48-1</u> Lakes Classification <u>NA</u> Date of Re-Inspection:	
Date of Inspection: <u>5-12-15</u>		Inspected by: <u>J. Cronin-Baker Murphy</u>	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.) <u>SHAW MEET ON PREMISE SIGN REQUIREMENTS IN BAY FLEET COUNTY ORDINANCE.</u>			
Signature of Inspector: 		Date of Approval: <u>6-26-15</u>	

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
FEB 27 2015
Bayfield Co. Zoning Dept.

Permit #: 15-0391
Date: 10-20-15
Amount Paid: \$105
Refund: 10-20-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANTARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER			
Owner's Name:		Michael R Radtke				Mailing Address:				30960 Hagstrom Rd Ashland, WI 54806				Telephone:		(715) 685-0692	
Address of Property:		30960 Hagstrom Rd				City/State/Zip:				Ashland WI 54806				Cell Phone:		(715) 873-1347	
Contractor:		myself				Contractor Phone:				Plumber: Gary Kabasa				Plumber Phone:		715 292-3743	
Authorized Agent: (Person Signing Application on behalf of Owner(s))						Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)				PIN: (23 digits) 04-020-2-47-05-13-404-000-20000				Recorded Document: (i.e. Property Ownership) Volume 772 Pages 849 274A							
Section 13, Township 47 N, Range 5 W		Town of: Cilke				Lot Size				Acreage				5			
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →				Distance Structure is from Shoreline: _____ feet				<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO			
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →				Distance Structure is from Shoreline: _____ feet											

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$20,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Manhole</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
		<input checked="" type="checkbox"/> Sub on Grade			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(32 x 54)	1728
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	
	<input type="checkbox"/> with Loft	()	
	<input type="checkbox"/> with a Porch	()	
	<input type="checkbox"/> with (2 nd) Porch	()	
	<input type="checkbox"/> with a Deck	()	
	<input type="checkbox"/> with (2 nd) Deck	()	
	<input type="checkbox"/> with Attached Garage	()	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	()	
	<input type="checkbox"/> Mobile Home (manufactured date)	()	
	<input type="checkbox"/> Addition/Alteration (specify)	()	
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>shed</u>	(32 x 34)	1728
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	()	
	<input type="checkbox"/> Special Use: (explain)	()	
	<input type="checkbox"/> Conditional Use: (explain)	()	
	<input type="checkbox"/> Other: (explain)	()	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
The undersigned hereby certifies that the application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Bill R

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit Same as above

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

